

REMOVING BARRIERS TO OPIOID TAPERING

Pharmacologic Treatment Subcommittee

SUBCOMMITTEE MEMBERS

- David Anisman – Univ of Utah
- Satish Annadata – Optum
- Jay Bishoff – Intermountain Healthcare
- Tom Davis – PEHP
- Brock Frost – Univ of Utah
- Tim Grange – Private Practice
- Scott Judkins – Univ of Utah
- Lugina Mendez-Harper – Prime Therapeutics
- Lynne Nowak – Express Scripts
- Cody Olsen – Select Health
- Bridget Shears – Intermountain Healthcare (Chair)

OPIOID TAPERING

- Methodical reduction in opioid dosage and daily morphine milliequivalent consumption
- Can take weeks or months
- Involves frequent medication and/or dosage changes which may require new prescriptions
- Short-acting opioid may be prescribed to cover break-thru pain
- Requires frequent visits for monitoring and treatment plan adjustments

BARRIERS

- Medication and/or dosage changes may require new prescription within 30 day window
- Change from one CS schedule drug to another
- Prior authorizations are required – treatment delay
- Denials and appeals – treatment delay

RECOMMENDATION

- Develop a process to bypass pre-authorizations and denials
 - A documented opioid tapering treatment plan can inform the payer of active tapering
 - Treatment plan can include anticipated timeline for tapering
 - Changes to treatment plan can be shared with the payer